CLAIMS ONLY

Application Number	Filing Date
10733325	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57		1			
8							58			11		
9							59		1			
10							60			1		
11							61			1		
12							62		1			
13							63			1		
14							64			1		
15							65		1			
16							66			1		
17							67		1			
18							68					
19			1				69					
20			1				70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39			1				89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48			1				98					
49							99					
50							100					
Total Indep							Total Indep		9			
Total Depend							Total Depend		50			
Total Claims							Total Claims		59			